

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

WILLIAM

STEARNS

FIRST NAME

LAST NAME

Address 298 Hickory Hill Rd. CHAGRIN FALLS

FIRST NAME
Cwahoga

Tel. CH-7-6531

NO.

STREET

CITY

ZONE

COUNTRY

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

William Stearns

SIGNATURE

REC'D WPA 11 1963

Cash